



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050**

July 24, 2013

CERTIFIED MAIL 7007 1490 0003 4202 0900

Administrator
The Bellettini
1115 108th Avenue NE
Bellevue WA 98004

Assisted Living Facility License #2033
Licensee: Belv LLC

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

This letter constitutes formal notice of the imposition of conditions on the license for your assisted living facility, located at **1115 108th Avenue NE, Bellevue, Washington**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in Laws of 1998, Chapter 272 and RCW 18.20.190.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on July 19, 2013.

WAC 388-78A-2120 (1)(2)(a)(b)(3)(a)(b)(4) Monitoring residents' well-being.

The licensee failed to develop systems to properly monitor, document, and take appropriate actions for changes in the conditions of six residents.

WAC 388-78A-2210(1)(b) Medication services.

The facility failed to develop systems for safe medication delivery and proper documentation as to whether medications were given or refused by three residents who required staff assistance with medication services.

WAC 388-78A-2320(2)(a)(3)(a-e) Intermittent nursing services systems.

The licensee failed to develop and implement systems to support the safe practice of nursing for one resident who required diabetic support, by failing to develop a system for nurses to supervise caregivers' practices.

WAC 388-78A-2700(2)(c)(i)(ii) Safety measures and disaster preparedness.

The licensee failed to investigate, document investigative actions, or institute appropriate preventive measures after two residents had fallen or sustained an injury.

The department has determined that the following conditions shall be placed on your assisted living facility license:

- *The facility must hire an outside nurse consultant at the facility's expense by August 1, 2013 to assist with developing and implementing a system to provide safe diabetic management.*
- *The consultant must assist the facility with developing and implementing a system to properly monitor residents' conditions, especially after their return from other facilities or hospitals.*
- *The consultant must train staff regarding investigation and documentation of investigative actions, including determining the circumstances of an incident and how to institute and document appropriate measures to prevent similar future incidents.*
- *The consultant will re-instruct caregivers on safe medication assistance including accurately documenting information into the Medication Administration Records, and following instructions of when to notify licensed nurses.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the conditions on your license is **July 24, 2013**. As provided in RCW18.20 and WAC 388-78A(2), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Lois Rasmussen, Field Manager
District 2, Unit D
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6020 / Fax: (253) 395-5071

If you have any questions, please contact Lois Rasmussen at (253) 234-6020.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

Administrator
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cc: Linda Ronco, Compliance Specialist
RCS Field Manager – District 2, Unit D
RCS District Administrator – District 2
HCS Regional Administrator – Region 2
DDD Regional Administrator – Region 2
Washington State Long Term Care Ombudsman
Area Agency on Aging, AAA- King
Medicaid Fraud Control Unit
Judi Plesha, HCS
HQ Central Files
BAM